

Metropolitan Detention Center
535 N. Alameda Street
Los Angeles, CA 90053-1500

Invoice Number: _____



UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

INTERPRETING SERVICES INVOICE

Services Rendered During:

Psychological Evaluation of Inmate
 Other:

Intake Screening of Inmate

Inmate Name:

Inmate Register Number:

CLAIM FOR SERVICES

AO Certified or Professionally Qualified Interpreter

Language Skilled Interpreter

Language:

Date of Service	Half Day Cost	Full Day Cost	Other (Describe)	Amount Claimed

Authorization signature or initials:

Total Claim:

PAYEE INFORMATION

Interpreter's Name:

TIN or SS #:

Contact Number:

PAYMENTS TO BE MADE BY AUTOMATIC DEPOSIT

(Note: First-time invoice presentation must be accompanied by voided blank check or voided deposit slip for designated account)

Bank Name	Direct Deposit Routing ABA Number	Account Number <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Interpreter's Signature

Date

NOTE: Services Provider must tender claim upon performance of services for prompt processing of payment